

**STATE OF ALASKA**  
**AMENDMENT TO PROFESSIONAL SERVICES CONTRACT**

1 Agency Contract Number	060706
2 ASPS Number	2007-0600-6640
3 Optional Renewal? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Years remaining _____
4 Financial Coding	
5 Agency Assigned Encumbrance Number	0682242
6 Amendment Number	Five (5)

This agreement is between the State of Alaska,

7 Department of Health and Social Services

Health and Social Services/ Health Care Services

hereafter the State, and

8 Contractor

Xerox State Healthcare, LLC

hereafter the Contractor

Mailing Address	Street or P.O. Box	City	State	ZIP Code
0010 Roswell Road, Suite 700		Atlanta	Georgia	30350

9 Original period of performance

FROM: October 1, 2007 TO: September 30, 2017

10 Amended period of performance

FROM: October 1, 2007 TO: September 30, 2017

11 Previous amount of contract to date

\$ 145,802,398.23

12 Amount of this amendment

\$141,304.00

13 This amended contract shall not exceed a total of

\$ 145,943,702.23


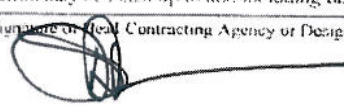
14 In accordance with the provisions of the above referenced contract, the parties to that contract agree that the services to be performed by the contractor under the contract are amended as follows: All other terms and conditions of the contract remain in effect.

This amendment is to amend MMIS DDI appendix F and G. As well as changing the contract name from ACS State Healthcare, LLC is now Xerox State Healthcare, LLC

In full consideration of the Contractor's performance under and including this amendment, the State shall pay the Contractor a new total not to exceed \$145,943,702.23

IN WITNESS WHEREOF the parties hereto have executed this amendment.

NOTICE! This amendment has no effect until signed by the head of the contracting agency, project director and head contracting agency or designee.

15 CONTRACTOR		17 CERTIFICATION	
Name of Firm		I certify that the facts herein and on supporting documents are correct, that this voucher constitutes a legal charge against funds and appropriations cited, that sufficient funds are encumbered to pay this obligation, or that there is a sufficient balance in the appropriation cited to cover this obligation. I am aware that to knowingly make or allow false entries or alterations on a public record, or knowingly destroy, mutilate, suppress, conceal, remove or otherwise impair the verity, legibility or availability of a public record constitutes tampering with public records punishable under AS 11.56.815- 820. Other disciplinary action may be taken up to and including dismissal	
Xerox State Healthcare, LLC			
Signature of Authorized Representative	Date		
	4-5-2012		
Typed or Printed Name of Authorized Representative			
Craig E. Steffen			
Title			
Sr. Vice President & Managing Director			
16 CONTRACTING AGENCY		Signature of Head Contracting Agency or Designee	
Department/Division			
Health & Social Services/ Health Care Services		Date	
Signature of Project Director		4/5/12	
Typed or Printed Name of Project Director		Typed or Printed Name of Authorizing Official	
Kimberli Pompe-Smart		Darla Madden	
Title		Title	
Project Director		Chief, Grants and Contracts	

**APPENDIX F  
PAYMENT PROVISIONS**

Payment for services provided under this amendment shall not exceed \$141,304.00 for the period of performance of this contract October 1, 2007 through September 30, 2017. All terms, conditions, amendments, and conditions of the original contract remain in effect.

**Firm Fixed Price:**

- **Form CMS-64.9P Base :** Optum Cost \$26,661.00
- **Form CMS-64.9P Waiver:** Optum Cost \$49,673.00
- **Form CMS-64.21UP:** Optum Cost \$30,470.00

Optum Cost is derived from ACS subcontractor as listed above.

**Milestone Payments:**

<b>Milestone 1- Signoff of Requirements:</b>	<b>\$46,630.32</b>
<b>Milestone 2 – Signoff of Design:</b>	<b>\$46,630.32</b>
<b>Milestone 3 – MAR reports in system test for inclusion with overall MAR package:</b>	<b>\$48,043.36</b>

The contractor shall submit invoices and attachments to the address specified below no later than 30 days after the end of each month in which services were performed. Failure to include the required information on the invoice may cause an unavoidable delay to the payment process.

Each invoice must include:

- Contractor's name and contact information for questions regarding the invoice
- Contract number
- Date (s) of services performed

Contractor shall mail the original invoice and attachments:

Department of Health and Social Services  
FMS/Grants and Contracts Support Team  
Procurement Section  
Attn: Lois Blastick  
3601 C Street, Suite 578  
Anchorage, AK 99503

Notwithstanding any other provision of this contract, it is understood and agreed that the State shall withhold payment at any time the contractor fails to perform work as required under Appendix F and /or G of this contract.

## **APPENDIX G**

### **SCOPE OF WORK**

This amendment changes the contract name formally known as ACS State Healthcare, LLC to Xerox State Healthcare, LLC along with add the scope of work as outlined:

Xerox State Healthcare, LLC shall provide for requirements finalization, artifact design, development and testing of the following 3 - CMS 64 reports:

Form CMS-64.9P Base, Form CMS-64.9P Waiver and Form CMS-64.21UP. The Total Est. ACS Hours - all Resources = 596 Hrs.

- **Form CMS-64.9P Base** (Total Est. Hours - all Resources = 140 Hrs)
  - Meetings with DHSS staff and CMS64 End Users
    - Type of ACS Resources Needed:
      - Program Integrity Project Leader – 16 Hrs
      - Operations Management Project Leader – 8 Hrs
      - Claims Lead Analyst – 8 Hrs
      - System Architect – 8 Hrs
  - Testing Activities
    - Type of ACS Resources Needed:
      - Testing BAs, writing, data setup and execution – 100 Hrs
- **Form CMS-64.9P Waiver** (Total Est. Hours - all Resources = 304 Hrs)
  - Meetings with DHSS staff and CMS64 End Users
    - Type of ACS Resources Needed:
      - Program Integrity Project Leader – 20 Hrs
      - Operations Management Project Leader – 8 Hrs
      - Claims Lead Analyst – 8 Hrs
      - System Architect – 8 Hrs
  - Testing Activities
    - Type of ACS Resources Needed:
      - Testing BAs, writing, data setup and execution – 260 Hrs
- **Form CMS-64.21UP** (Total Est. Hours - all Resources = 152 Hrs)
  - Meetings with DHSS staff and CMS64 End Users
    - Type of ACS Resources Needed:
      - Program Integrity Project Leader – 8 Hrs
      - Operations Management Project Leader – 8 Hrs
      - Claims Lead Analyst – 8 Hrs
      - System Architect – 8 Hrs
  - Testing Activities
    - Type of ACS Resources Needed:
      - Testing BAs, writing, data setup and execution – 120 Hrs